

Garnick & Scudder, P.C.

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LOIS M. FARMER
PAUL I. ATTEA

May 19, 2004

Cingular Wireless
Attn: Lease Administration
6100 Atlantic Boulevard
Mail Code: GANO2
Norcross, GA 30071

Certified Mail Return Receipt Requested 7003 1680 0004 5455 5043 & First Class Mail ✓

Cingular Wireless
Attn: Legal/Real Estate
5565 Glenn Ridge Connector, #1700
Atlanta, GA 30342

Certified Mail Return Receipt Requested 7003 1680 0004 5455 5050 & First Class Mail

Re: Cingular Wireless Site – West Falmouth/Thomas Landers Road
Lease Dated: 3/8/96 (the "Agreement")
Our File No. 17059

Dear Ms. Sharon Onorato, Director of Network Operations and Attn: Legal Department:

Please be advised that I am writing this letter on behalf of Christopher P. Kuhn of Centerville, Massachusetts.

As of the date of this letter, May 17, 2004, Mr. Kuhn has not received any of the lease payments from Cingular or from the sub lessees (or sub licensees) for the months of APRIL, 2004 and MAY 2004. Pursuant to the terms of the Lease Agreement, as captioned above, we will take all appropriate action if within fifteen days of receipt of this notice the non-payment of the lease payments continues.

Pursuant to the terms of the Lease Agreement, you are obligated to make payments for the months of APRIL 2004 and MAY 2004 forthwith upon your receipt of this notification.

GARNICK & SCUDDER, P.C.

Gerald S. Garnick, Attorney for Christopher P. Kuhn
GSG:pr

cc: Christopher P. Kuhn

EXHIBIT

3

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cingular Wireless
Attn: Lease Administration
6100 Atlantic Boulevard
Mail Code: GA002
Norcross, GA 30071

2. Article Number

(Transfer from service label)

7003 1680 0004 5455 5043

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

K. Sarbell

☐ Agent☐ Addressee

B. Received by (Printed Name)

Date of Delivery

COP BPH04

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes